U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

1 / 2004 Through: 12 / 31 / 2004

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

	For Official Use Only	
of the admin		
_	MS2211-3	
E	Quest 9	

Name Robert

3. Name and address of person filing.

P.O. Box, Bldg., Room No., if any

Ha

ZIP Code + 4

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

4. Name, file number, and address of labor organization.

Name Painters Local Union 1791

Labor Organization File Number 024 - 562

P.O. Box, Building and Room Number, if any

Street 732 Green Street	Street 2240 Young Street		
City Honolulu	City Honolulu		
State Hawaii ZIP Code + 4 96813	State Hawaii ZIP Code + 4 96826		
5. Position in lapor organization. Treasurer			
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):			
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name [*]			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
	7.b. Amount.		
Street			
City	, in the second of the second		

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

8/15/2005

Date

(808) 531-1703

Telephone Number

Signed

State

Name of Person Filing Robert Ha	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name Ptg Ind. Hawaii Labor Management Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 222 S. Vineyard St., PH4 City Honolulu State Hawaii ZIP Code + 4 96813 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Ptg Ind. Hawaii Labor Management Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any	9. Business deals with: a. Labor Organization X b. Trust c. Employer 11.a. Nature of such dealing. 10/29/04 Annual Brand of Trustees Meeting at Kahala Mandarin Hotel		
Street 222 S. Vineyard St., PH4	11.b. Approximate dollar value of such dealing. \$116		
City Honolulu	12.a. Nature of interest held or income received.		
State Hawaii ZIP Code + 4 96813			
	12.b. Amount.		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).			
Name Name			
Trade Name, fany:			

14.b. Amount of payment.

Street

City

State

P.O. Box, Bldg., Room No., if any

13.b. Is the Business an Employer

ZIP Code + 4

or Consultant

DISCLAIMER

The transactions, dealings and interests that are detailed in the attached form LM-30 represent my good faith effort to reconstruct the reportable occurrences for the periods of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing, or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will file an amended Form LM-30.